

## STATEMENT OF ECONOMIC INTERESTS

*A Public Document*
 Date Received  
 Official Use Only

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Pennino	Phillip	Anthony	(209) 942-1730
MAILING ADDRESS (May be business address)	STREET	CITY	ZIP CODE
1502 Keagle Way	Loos	CA	95242
OPTIONAL: FAX / E-MAIL ADDRESS			

## COVER PAGE

## 1. Name of Office Sought or Held, Agency or

Court (Provide precise name. Do not use acronyms.)

City Council

Division, Board, District, if applicable:

Position:

Member of the City Council

☐ If Expanded Statement – List agency/position:

(Attach a separate sheet if necessary. Do not use acronyms.)

File originally signed statement with each filing official.)

Agency:

Redevelopment Agency  
City of Loos

Position Title:

Board member

## 2. Office Jurisdiction (Check one)

☐ State☐ County of \_\_\_\_\_☒ City of Loos☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual

(Check one)

☒ The period covered is January 1, 2000, through December 31, 2000.☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2000.☐ Leaving Office

Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Check one)

☐ The period covered is January 1, 2000, through the date of leaving office.☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate

## 4. Schedule Summary

(Check applicable schedules or "No reportable interests.")

☐ During the reporting period, did you have any reportable interests to disclose on:Schedule A-1 ☐ Yes – schedule attached  
Investments (Less than 10% Ownership)Schedule A-2 ☐ Yes – schedule attached  
Investments (Greater than 10% Ownership)Schedule B ☐ Yes – schedule attached  
Real PropertySchedule C ☐ Yes – schedule attached  
Income & Business Positions (Income Other than Loans, Gifts, and Travel)Schedule D ☐ Yes – schedule attached  
Income – LoansSchedule E ☐ Yes – schedule attached  
Income – GiftsSchedule F ☒ Yes – schedule attached  
Income – Travel Payments☐ No reportable interests on any schedule

Total number of pages (including this cover page): 2

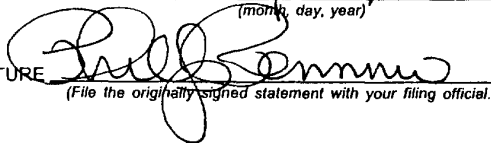
## 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED ON

January 16, 2002  
(month, day, year)

SIGNATURE

  
 (File the originally signed statement with your filing official.)

## Schedule F

**Income – Gifts**  
**Travel Payments, Advances, and**  
**Reimbursements**

**CALIFORNIA**  
**2000/2001 FORM 700**  
 FAIR POLITICAL PRACTICES COMM.

**AMENDMENT**

☐ NAME OF SOURCE  
League of Calif Cities  
 ADDRESS  
1400 K Street  
 CITY AND STATE  
Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

TYPE OF PAYMENT: (check one)  
☐ Gift ☒ Income  
 AMT: \$ 74438 DATE(S): Various  
 (If applicable)  
 DESCRIPTION: This money was for  
Reimbursements as a Board member

☐ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

TYPE OF PAYMENT: (check one)  
☐ Gift ☐ Income  
 AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_\_  
 (If applicable)  
 DESCRIPTION: \_\_\_\_\_

☐ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

TYPE OF PAYMENT: (check one)  
☐ Gift ☐ Income  
 AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_\_  
 (If applicable)  
 DESCRIPTION: \_\_\_\_\_

☐ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

TYPE OF PAYMENT: (check one)  
☐ Gift ☐ Income  
 AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_\_  
 (If applicable)  
 DESCRIPTION: \_\_\_\_\_

☐ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

TYPE OF PAYMENT: (check one)  
☐ Gift ☐ Income  
 AMT: \$ \_\_\_\_\_ DATE(S): \_\_\_\_\_  
 (If applicable)  
 DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_

**Verification**

PRINT NAME Pennino, Phillip  
 CITY, COUNTY, COURT, OR AGENCY Losi

STATEMENT TYPE ☒ 2000/2001 Annual ☐ Assuming ☐ Leaving  
☐ Annual ☐ Candidate  
 (yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/16/02  
 (month, day, year)

SIGNATURE Phillip Pennino